

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
CLIP CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	74 56	953 1037	03-09-0 116101

INDEX OF CLAIMS

✓ _____ Rejected
 - _____ Allowed
 - (Through remark) - Canceled
 + _____ Restricted
 M _____ Not elected
 I _____ Interference
 A _____ Appeal
 O _____ Objected

Claim	Date	Claim	Date	Claim	Date
1		1		1	
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If more than 150 claims or 10 actions
staple additional sheet here

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Jan/953